

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90150 027 ***150.00

0003782 AT

DOCUMENT # P01000122065

1. Entity Name

THE LAW OFFICES OF LISA A. FRANCHINA, P.A.

Principal Place of Business

**209 E RIDGEWOOD STREET
 ORLANDO FL 32801**

Mailing Address

**209 E RIDGEWOOD STREET
 ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

209 E. Ridgewood St.

3. Mailing Address

209 E. Ridgewood St

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

01-0617782

☒ Applied For
☐ Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANCHINA, LISA A

**209 E RIDGEWOOD STREET
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Lisa A. Franchina

Street Address (P.O. Box Number is Not Acceptable)

209 E. Ridgewood St.

Orlando

City

FL

Zip Code

32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Lisa Franchina
 Signature, typed or printed name of registered agent and title if applicable.

Lisa Franchina
 (NOTE: Registered Agent signature required when reinstating)

DATE

2-11-02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
 NAME **FRANCHINA, LISA A**
 STREET ADDRESS **209 E RIDGEWOOD STREET**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
 NAME **FRANCHINA, LISA A**
 STREET ADDRESS **209 E RIDGEWOOD STREET**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Franchina
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 407-839-2000

CR2E034 (9/01)